Barriers to health care for lesbian, gay, bisexual and transgender South Africans

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Introduction

Lesbian, gay, bisexual and transgender people make up 10% of the South African population. Even though the South African constitution guarantees protection from discrimination for sexual minorities, LGBT people often experience violence and discrimination (Nel and Judge 2008). Homophobia, the irrational hate of LGBT people, and heteronormativity, the assumption that all people are heterosexual, marginalise LGBT people. In the Western Cape, 16% of LGBT people either delayed seeking health care for fear of homophobic treatment, or did not seek medical help at all (Rich 2006).

The societal marginalisation of LGBT people increases their risk for infectious diseases (including HIV), chronic illnesses as well as depression and other mental health conditions (Harcourt 2006). The HIV prevalence among LGBT people in South Africa is higher than in the average population (Lane 2011, Sandfort 2013).

This study examines the barriers that make the South African public health care system less accessible to LGBT people, with specific reference to the experiences of LGBT service users. It aims to identify how health services can be more LGBT-inclusive and address LGBT-specific health needs. By using a rights-based framework (ICESCR 2000), health care is defined as comprising the following essential elements: availability, accessibility, acceptability and quality of care.

Key concepts

Heteronormativity
A pervasive bias that favours opposite-sex relationships and desires over same-sex relationships and desires, and invisibilises same-sex attractions and identities.

Homophobia
The irrational fear or hatred of people who are physically and/ or emotionally attracted to the same sex.

Methodology

This study is an ongoing study in three South African provinces: the Western Cape, Gauteng, and Kwa-Zulu Natal.

Through semi-structured interviews and focus group discussions, we elicit the experiences of LGBT health care service users. Representatives from organisations providing support to LGBT people were interviewed to complement the individual narratives. An emphasis was placed on exploring the experiences of LGBT service users, because so far, LGBT people have been overlooked in research activities, and, more importantly, often bear the brunt of multiple discriminations and prejudice by health care workers.

All interviews were transcribed, and analysed with an approach to develop theory. Firstly, all interviews were read to identify key themes around which data were structured. Subsequently, data were coded to develop theoretical concepts from the recurrent themes.

The study was approved by the University of Cape Town's Health Sciences Research Ethics Committee.

Results

To date, 12 individual service user interviews and 2 focus group discussions with 14 service users were conducted. For a broader perspective, 9 interviews with representatives of LGBT service organisations have been completed.

Respondents' answers spoke to general barriers in the public health system as well as to barriers specific to their sexual orientation or gender identity. All respondents had experienced discrimination on the grounds of their sexual orientation.

Availability

I had to stand too long in the queue. Oh! Oh my word! That is the worst […] I had to wake up at 5 to be helped at 8 or 8:30 or so […] Yes, the queues are too darn long. (GT focus group)
Insufficient quantity of health services

There is no queer protection like the safety pack. I would love to see a dispenser at a clinic. (WC focus group)
No relevant safer sex information and methods

Accessibility

[The nurse said] 'No, no, go somewhere else, this is not the place for you.' (Participant 2, GT)
Refusal of services

It is assumed that you don't have a physical disability and an emotional disability; and then a mental disability and a hearing disability. And if you do it is assumed that you can fend for yourself and find a way around it. (Participant 1, GT)
Services inaccessible

Acceptability

If we are there they look at us as if we're sick. (Participant 8, GT)
Disrespect for minorities

Instead of [the nurse] helping you, they just going to the others and gossiping that 'Oh look at them they call themselves lesbians; but they actually sleep with men because if they didn't' she wouldn't be […] positive.' (WC focus group)
No confidentiality

And [the doctor] is like 'Okay, but you know that God doesn't want this, right?' (Participant 2, GT)
Unethical and unprofessional behaviour

Quality

They look perplexed in a way that they are a little bit shocked. They ask you 'So how do you do it [sex]?', yeah things like that, 'You really don't have a man?' […] it's not in a professional manner that they are doing it. (Participant 3, Gauteng)
No knowledge about LGBT people, sexual harassment

You get a nurse you know who is supposed to be educated who is like 'how can you be raped whereas you are a man' and I'm like well... 'Like how can you but you are a man couldn't you defend yourself; why didn't you fight back?' (GT focus group)
Secondary victimisation, victim-blaming

LGBT health-seeking behaviour

We have to go to the clinic now eish they are gonna judge me; no I'm not gonna go.' (GT focus group)
Expect judgment

People don't want to go get their ARV's because people are afraid that 'if I get my ARV's, I'm gay it's just gonna be like you are promiscuous you deserve it.' (GT focus group)
Expect discrimination

Many lesbians die quietly at home, because now they are scared to go back [to the clinic]. Because they went home without help, and they went home crying because people were making them a laughing stock. (WC focus group)
Avoid seeking care

Conclusions

LGBT people face significant barriers to health care. These barriers comprise of all four dimensions of the rights-based access framework. While experiencing the same resource-related barriers as the general population, LGBT people also face repeated discrimination and a lack of LGBT-specific health services and information. These are rooted in health care workers' prejudices and moral and religious judgments, as well as their lack of knowledge about LGBT health.

The discrimination and harassment of LGBT people has previously been described for men who have sex with men utilising health facilities in Soweto (Rich 2006, Lane 2011). Our results confirm that health care workers urgently need education and sensitisation training around LGBT identities. These need to be made available in training facilities (medical schools and nursing colleges), as well as to in-service staff, including administrative and security staff.

LGBT people do not receive appropriate health promotion and prevention information. Not one of our respondents had received safer sex information or barrier methods that were relevant to his or her sexuality. This is of particular concern in our context, where the HIV prevalence among gay men is even higher than in the general population, and in the presence of continuous sexual violence against lesbian women. Health promotion and prevention at public facilities need to include information and resources for LGBT people, such as dental dams for safer sex between women, and condoms and lubricants for safer sex between men.

The current treatment of sexual minorities in the South Africa's public health system violates LGBT people's constitutional right to health and right to non-discrimination. As a consequence, many LGBT people stop accessing the health system. Urgent action is required on policy and implementation level to remove the barriers that LGBT people face when accessing health care.

Literature cited

Harcourt J. 2006. *Current Issues in Lesbian, Gay, Bisexual and Transgender (LGBT) Health*. Journal of Homosexuality, 51(1): 1-11

International Covenant on Economic, Social and Cultural Rights. 2000. *The right to the highest attainable standard of health: General Comment 14*. United Nations

Lane T et al. 2011. *High HIV prevalence among men who have sex with men in Soweto, South Africa: Results from the Soweto Men's Study*. AIDS Behav, 15: 626-634

Nel J & Judge M. 2008. *Exploring homophobic victimisation in Gauteng, South Africa: Issues, impacts and responses*. Acta Criminologica 21(3): 19-36

Rich E. 2006. *Overall Research Findings on levels of empowerment among LGBT people in Western Cape, South Africa*. Johannesburg: Joint Working Group.

Sandfort T et al. 2013. *Forced Sexual Experiences as Risk Factor for Self-Reported HIV Infection among Southern African Lesbian and Bisexual Women*. PLoS ONE 8(1): e53552

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